S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12188

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Ctr
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks (Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. So Ellswoth 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME VAUGHN TERRELL UTZ

3. (b) If veteran, name war No

3. (c) Social Security No. 49.18.5518

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Price Utz

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Aug 25 (Month) 1887 (Day) (Year)

8. AGE: Years 53 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Glascow (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer Policeman

11. Industry or business

FATHER
12. Name J.W.Utz
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Weakley
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vaughn Utz

(b) Address Marshall Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10 42 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Don Short

(b) Address Marshall Mo.

19. (a) Mar 14 1942 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

1210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec 15, 1941, to Mar 8, 1942 that I last saw him alive on Mar 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lympho-Sarcoma ileum	4 Mos
Due to —	
Due to —	
Other conditions General Adenitis (Include pregnancy within 3 months of death)	2 Mos

Major findings:
Of operations Malignant disease ileum
Of autopsy — 46 e

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work — (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Marshall Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-3-42

APR 6 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3757

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.